

# COMMON GRANT APPLICATION

(1) COMPLETE form (2) PRINT it (3) SAVE a copy (4) click 'SUBMIT' ALL color-outlined boxes must be filled in.

## 1. Select grant program

Go to [www.cfoxvalley.org/grants](http://www.cfoxvalley.org/grants) for grant eligibility and deadlines. Check only one box. Each request to a different fund requires a separate application. **Form works best** in Internet Explorer & Adobe Acrobat.

Project grants

Capacity Building grants

Basic Needs

Developmental Disabilities

Endries Family Foundation

Environmental **SUSPENDED**

Infant Welfare Circle

King's Daughters WI Branch

Schmidt Family G4

Frank Shattuck Community

Other (with staff OK)

## 2. Project title:

Organization applying:

Year established:

*Enter lead agency for collaborative projects. All other partners in collaboration MUST complete Project Collaborator form.*

Our organization is a 501(c)3 charitable organization holding an IRS verification letter with

EIN number:

Our parent organization

holds our 501(c)3 with

We are not a 501(c)3

is our fiscal agent with

We are a government, educational or religious organization. EIN number is for

### Grant contact

Name:

Title:

Phone:

Email:

Organization Phone:

Fax:

Fiscal year ends:

Address:

City:

State:

ZIP:

Email:

Web:

Organization Chief Executive:

Title:

# full-time employees:

# part-time employees:

# volunteers:

Date applied:

Project start date:

End date for Community Foundation support:

Total amount requested:

Total project budget:

(Enter multi-year total, if applicable)

Briefly describe organization's mission. (maximum 500 characters with spaces)

Summary: Describe your grant request in 2-3 sentences. (maximum 750 characters with spaces)



---

What are the project's objectives (list up to three) and how will you measure whether you achieve them?

Objective #1

Measure #1

Objective #2

Measure #2

Objective #3

Measure #3

Project Budget

List sources of revenue and types of expenses below. Identify the specific expense line items to which Community Foundation grant dollars would be applied.

Revenue	Total amount		Expenses	Total amount	CF support
Community Foundation	\$		Salaries/Benefits	\$	\$
Agency Contribution	\$		Contracted Services (detail below)	\$	\$
Fees for Service	\$		Supplies/Equip. (detail below)	\$	\$
Membership Dues	\$		In-Kind Expenditures	\$	\$
In-Kind Contributions	\$		Advertising	\$	\$
Grants/Other Funders (list)		Approved?	Printing	\$	\$
	\$	Yes	Other (list)		
	\$	Yes		\$	\$
	\$	Yes		\$	\$
	\$	Yes		\$	\$
Total	\$		Total	\$	\$
	Must equal			Must equal	Must equal
	from page 1			from page 1	from page1

**Project budget narrative** Briefly explain sources of revenue and details of expenses. Be specific about how Community Foundation grant dollars would be spent. (max 750 characters, with spaces)

**Executive Summary** Describe your project in more detail. (max 2,000 characters, with spaces)

## Executive Summary (continued)

---

Address all of the following. (max. 750 characters each, including spaces)

Why is there a need for the project? Who will benefit and how? How many people from our service region will benefit?

List the steps planned to complete your project and tentative dates for each.

Are you aware of other organizations in your service area that address the need described in this grant request? If so, identify them.

What are the long-term funding strategies for sustaining this effort (if applicable)?

Provide any additional detail required to present your need.

## Service Information

Provide information on those served by your organization over the three most recently completed years, starting with the most recent.

	Year	Year	Year		
Attendance/participants/clients served by organization in the three most recently completed years, starting with the most recent.	# Served	# Served	# Served		
For the most recently completed year, indicate % of attendance/participants/clients who reside in each of these counties:	Calumet %	Outagamie %	Shawano %	Waupaca %	N. Winnebago %
Other counties represented (identify):					

## Financial Overview

**Income statement** Provide actual data for your organization's three most recently *completed* fiscal years, starting with the most recent. Data should reconcile with your audited financial statements. Organizations/divisions with a parent office should provide their specific operating budget and not the parent organization's budget. If your program or division is a cost center with its own budget, you may be asked to provide that detail as well.

Income statement	Total Revenue	Earned Income (i.e. program or membership fees)	Total Expenses	Surplus or (Deficit)
FY				
FY				
FY				

**Income statement narrative** Briefly explain any operating deficits and indicate how the deficits were covered. If your organization has a substantial surplus that is not being used to support the proposed project, please explain. (maximum 750 characters with spaces)

**Balance sheet** Provide actual data for your organization's three most recently *completed* fiscal years, starting with the most recent. Data should reconcile with your audited financial statements.

Balance sheet	Cash (checking and savings)	Accounts Receivable	Current Liabilities	Loans
FY				
FY				
FY				

### 3. Grant Terms and Conditions

---

**By checking this box, the individual(s) whose name(s) appear on this application, including the Executive Director and/or Board Chair, confirm they are authorized to and do so commit the grantee to abide by the following grant terms and conditions:**

- Granted funds will be used only for the purpose(s) set forth in this application.
- Funding provided by the Foundation may not be used to participate or intervene in political campaigns or to support an attempt to influence legislation except to the extent that such activities are permissible under IRS rules for 501(c)(3) charitable organizations.
- Expenses charged against this grant may not be incurred prior to the approved start date of the grant or after the grant's approved end date. A request for extension of the grant end date must be submitted in writing and is subject to approval by the Foundation.
- Funding for each year of a multiple-year commitment is conditional upon receipt and acceptance of any requested interim or progress reports.
- Future funding from the Foundation is conditional upon receipt and acceptance of any requested interim, progress or final reports.
- The Foundation may request additional terms, conditions or contingencies in a signed agreement before releasing grant funding.
- The approved program and the terms and conditions of this agreement are subject to modification **only** with the Foundation's **prior** written approval.
- **The grantee shall return to the Foundation any unused funds** at the end of the grant period, or if the Foundation determines the grantee has not performed as set forth herein, or if the grantee loses its status as a public charity.

**By checking this box, the applicant organization confirms it is in compliance with the Community Foundation's Non-discrimination Policy, as follows:**

The Community Foundation and its geographic affiliates in Chilton, Clintonville, Shawano and Waupaca seek to promote respect for all people. In our **Unrestricted** and **Field of Interest** grant programs, the Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.

### 4. Submitting Your Request

---

- 1) Save this form to your computer or print BEFORE submitting.
- 2) CHECK THAT YOU HAVE COMPLETED ALL REQUIRED BOXES or it will not send.
- 3) Click SUBMIT.
- 4) Choose "desktop email" to send by Outlook, etc., or "web based" to use gmail, Yahoo, etc.
- 5) Send the email that is created (desktop) or save and attach to email you create (web-based) and send to [grants@cfoxvalley.org](mailto:grants@cfoxvalley.org). (You MUST do this step for application to be received.)

If you have questions, call or email the [grant contact](#) for the program.  
All grant applications are **DUE BY 4 P.M.** on the deadline date.

You will receive confirmation of your application by email. You will be informed if your request will go further in the review process and if any additional information is needed. The Community Foundation for the Fox Valley Region will not consider applications from organizations that were previously funded and have overdue final reports.

Acceptance of the terms and conditions above is required for your application to be considered.